



38071A1

Customer No.: 07278

Docket No.: 06727/000H608-US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of : **COHEN**

Serial No.: 09/653,181

Group Art Unit: 2622

Filed : August 31, 2000

Examiner: Chan S. Park

For : FACSIMILE TRANSMISSION OVER PACKET NETWORKS WITH  
DELIVERY NOTIFICATION

February 17, 2005

**RESPONSE TO OFFICIAL ACTION**

Honorable Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

In response to an Official Action dated January 7, 2005, kindly amend the present patent application as follows.

Amendments to the claims begin on page 2.

Remarks accompanying the amendments begin on page 6.



02-22-05

AF/ 2022  
EPW

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 06727/000H608-US0	
Application No. 09/653,181-Conf. #4228	Filing Date August 31, 2000	Examiner C. S. Park	Art Unit 2622		
Applicant(s): Simona Cohen					
Invention: FACSIMILE TRANSMISSION OVER PACKET NETWORKS WITH DELIVERY NOTIFICATION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 40 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 S. Peter Ludwig Attorney Reg. No.: 25,351  DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770				Dated: <u>February 18, 2005</u>	
Express Mail Label No. _____ Dated: _____					